

NEWS

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GPIAG News

'First Steps' towards getting ready for the COPD National Strategy – a new resource from the GPIAG

The GPIAG is delighted to launch 'First Steps', a web-based resource which aims to encourage individual primary care healthcare professionals and practices to assess where they are now with regard to COPD management and their 'state of readiness' to implement the impending COPD National Strategy.

This is done through the use of three resources;

- **How Ready Are You?** – a self-assessment knowledge test on some of the clinical aspects of managing COPD, for you and your team members.
- **How Ready Is Your Practice?** – a practice assessment tool which provides a checklist of questions and supporting information, intended to prompt discussion and review of the way COPD is managed within your practice. This tool could be used as part of a COPD educational meeting to prompt debate or, alternatively, used to identify areas within your practice that may benefit from review.
- **Quick Tips** – a series of key, practical first steps when reviewing the way you manage COPD within your practice.

To access the First Steps resources visit our website at http://www.gpiag.org/copd_ns/index.php

The development of these resources was supported by educational grants from Allen & Hanburys, AstraZeneca UK and Boehringer Ingelheim Ltd/Pfizer Ltd.

"Same vision – New Name" Primary Care Respiratory Society UK

We are delighted to announce the new name of the charity selected by the membership after much consultation and effective from 18th December 2009. We are sure you will agree that the new name more readily reflects the diversity of our primary care membership and is more easily understood by our members and others, enabling us all to reinforce the UK-wide, primary care respiratory focus that is our forte. The legal process to adopt the new name has now been completed and we are currently in the process of making the necessary changes. You can help us by spreading the word too.

Make the change...

The main contact e-mail will be info@pcrs-uk.org. The new web URL – <http://www.pcrs-uk.org> – will be launched on the 18th December. Although we will continue to run a redirect service for the time being, please remember to update your contact information and favourites for the website.

Membership Fees Unchanged this Coming Year

We are delighted to announce that membership fees for the Primary Care Respiratory Society UK will be unchanged this coming year. With fees from as little as £27.00 and a whole host of member-only resources planned for 2010, there has never been a better time to join the society.

Benefits of membership include:

- Keep up-to-date with respiratory-related clinical and/or policy news through:
 - *Primary Care Respiratory Journal* – the only primary care-based, Medline-listed journal for healthcare professionals with a special interest in the management of respiratory conditions in primary care
 - The dedicated e-alert news service provided especially for members
- Network with respiratory-interested colleagues at the Annual Conference and other PCRS UK events (discounts available to members)
- Members-only section of the website providing access to a wide range of information and services, plus special tools and resources available only to members including practice tools and audit materials
- Full voting rights and the opportunity to influence the direction of the charity (full members only)
- Opportunity to be involved in the work of the charity through its policy network or one of the committees/working groups (full members only)
- Supporting the work of the charity and its goal of optimal respiratory available to all.

For information on the type of membership schemes available and the rates please go to <http://www.pcrs-uk.org/about/join.php>

GPIAG National Conference – 25th and 26th September 2009

Conference Session Report: Allergy Testing in Primary Care by Pat Hagan, freelance medical journalist

This session at the conference, held at the University of Warwick, pitched two leading lights from the allergy sector against each other in a debate entitled 'Is allergy testing useful in patients with respiratory disease?'. Professor Stephen Durham, professor of allergy and respiratory medicine at the Royal Brompton Hospital in London, opened the discussion by backing the use of allergy testing in the management of respiratory illness. But he also made it clear that he believes testing should make up only a small part of the diagnostic process. He told delegates: 'The diagnosis should depend 80% on history and 20% on tests.' He also expressed concern about the

wider use of diagnostic blood tests in primary care, especially the interpretation of results. 'I would not question that these tests are robust in detecting IgE antibodies to particular allergens. But the big problem is that the interpretation of the tests is more difficult.' Professor Durham said that among those with positive blood test results, a significant proportion may test positive for antibodies but may not be sensitised to the allergen and not experience allergic symptoms. However, he did express strong support for avoidance measures once allergies have been identified; these include steps such as using protective bedding to reduce exposure to house dust mites.

Speaking against allergy testing in primary care, Professor Aziz Sheikh, head of the Department of Primary Care Research and Development at the University of Edinburgh, said that a major concern was the sheer workload involved which could 'overwhelm' primary care. He questioned whether a potentially big increase in the numbers tested in primary care could be justified when there is not enough evidence to support current interventions such as allergen avoidance. He warned: 'The evidence is very, very limited. House dust mite treatments, for example, are completely ineffective.'

Audience members pointed out that patients often want easier access to testing to see if they do indeed have an allergy.

Professor Durham said that although it was important to identify allergens in respiratory illness, the more complex assessments had to be done in secondary care and there needed to be an increase in resources for that. But one nurse practitioner highlighted that there is widespread enthusiasm for better testing in primary care, using either skin prick tests or IgE blood tests. 'It's good for patients to know if they have an allergy or not, so that they can take avoidance measures,' said Carole Bobb, who recently published the results of a trial which showed that giving asthma patients allergen avoidance advice translated into improved lung function.

IPCRG News

5th IPCRG World Conference, Toronto, Canada June 2-5, 2010

Abstract submission

Abstract submission is open! See <http://www.ipcrg-toronto2010.org/> for more details. We really wish to encourage submissions from a wide variety of countries and therefore we are accepting three types of abstract: research ideas for discussion and refinement; quality improvement; and quantitative research. Abstracts can be submitted to more than one conference, so consider submitting material you may have submitted elsewhere (your consent is required before publication of the abstract in the PCRJ, if selected). This is a good opportunity for researchers to test out their conclusions with their international primary care peers.

Bursaries

The IPCRG has a bursary fund that it will allocate selectively to primary care colleagues who need financial support to attend the meeting in Toronto using an invitation process. In addition, we welcome applications for subsidised registration fees. For further

information go to <http://www.ipcrg-toronto2010.org/page.asp?id=bursaries>. Priority will be given to those who submit a relevant abstract to http://www.theipcrg.org/abstracts_2010/. Applications should be received by 15 January 2010, e-mailed to sam.knowles@abdn.ac.uk including the abstract number.

GARD

We are pleased to report that the WHO Global Alliance Against chronic Respiratory Diseases (GARD) will hold its meeting at the same venue on 2-3 June, and will use the opportunity to showcase primary care. We expect this will enable cross-fertilisation of ideas and lead to full engagement of primary care professionals in the GARD national programmes.

Research

The IPCRG's UK Respiratory Research Foundation (UKRRF), an NHS National Institute for Health Research (NIHR) Funder, has just confirmed funding to the University of Middlesex and University College London Medical School to conduct a study entitled "Smokers with chronic illness: a qualitative analysis of barriers, motivation to quit and tailored interventions for smoking cessation in COPD smokers". This will assess the value of computer-tailored feedback in general practice to the smoking population with COPD. The UKRRF accepts quarterly applications; by going through UKRRF you can access NHS NIHR support. For further information please look at the website: <http://www.theipcrg.org/ukrrf/>.

COPD assessment tools

The IPCRG is developing a users' guide to assessment tools, to complement its guide to asthma control tools <http://www.theipcrg.org/resources/asthmacontrol.php>. This should be available by February 2010.

External affairs

CARMA – Combined Asthma and Rhinitis Management Alliance
IPCRG is a signatory to CARMA, together with a number of other international respiratory organisations as well as industry partners led by MSD. The purpose is to use the alliance to improve the distribution, promotion and education of existing guidance, guidelines and tools.

U-BIOPRED now live

U-BIOPRED is a European consortium – including the IPCRG – of academic institutions, small to medium enterprises, industry partners, patient organisations, and pharmaceutical companies who are working together on a 5-year project on severe asthma. The overall aims of the project are to develop a greater understanding of severe asthma which will lead to the development of new treatments. Patients will be fully characterised using specialised biological technology, clinical data and patient-reported outcomes that will be used to develop a unique 'handprint'. Funding has been awarded by the Innovative Medicines Initiative, a funding partnership agreed between EFPIA and the European Commission. IPCRG will participate in WP9–communication and WP10–overseeing ethics.

Siân Williams, Executive Office